

E 004/8/10

223339

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

**Request to amend scope of authority and increase
passenger limits for Class C Non-Emergency
Certificate**

Transport Care Services, LLC

Christopher Land dba Transport Care Services
(Please type or print)

Submitted by: C. Land

Address: 1013 Broad River Rd.
Columbia, S.C. 29210

**BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA**

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009 - 451 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Telephone: 803-661-9602

Fax: 803-661-9536

Other: _____

Email: cland@transportcareservices.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Application - Class A/A Restricted | <input type="checkbox"/> Request for Name Change on Certificate |
| <input type="checkbox"/> Application - Class C Taxi | <input checked="" type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application - Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus | <input checked="" type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application - Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application - Class C Stretcher Van | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application - Class E Household Goods | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application - Class E Hazardous Waste | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Application | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Print Form

Reset Form

CLASS C AMENDMENT FORM

File the original with: Public Service Commission of South Carolina Docketing Department Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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RECEIVED
APR 08 2010
PSC SC
CLERK'S OFFICE

DATE: March, 18, 2010

I have the following Certificate:

☐ Class C Taxi # _____
 ☐ Class C Charter # _____
 ☐ Class C Charter Bus # _____
☒ Class C Non-Emergency # 8213

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change** (Complete attached document for a name change ONLY if you are removing an individual's name from the certificated name. Otherwise throw the form away.)

From: _____ DBA: _____
 (Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
 (New Name) (New DBA if applicable)

☒ **Scope of Authority**
 Between Points and Places in
 From: Richland, Lexington and Orangeburg Counties
 (Current Scope)

To: All of South Carolina
 (New Scope)

☒ **Passenger Limit**
 From: 2
 (Current Limit Number)

To: 7
 (New Limit Number)

Transport Care Services, LLC
 (Name & DBA if applicable)

* Columbia, S.C. 29210.
 (City, State, Zip Code)

* 803-661-9662
 (Telephone Number)

* 1013 Broad River Rd Ste 11
 (Street Address)

* Christopher J. Jand
 (Signature)

* Owner/Operator
 (Title)